

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>gh</i>		<i>5/24/00</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>6-2-00</i>
FORMALITY REVIEW		<i>71423</i>	<i>8-8-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected N Non-elected
☐ Allowed I Interference
☐ (Through numeral) Canceled A Appeal
☐ Restricted O Objected

Claim	Date
Final	
Original	
1	<i>05/12/04</i>
2	<i>11/07/03</i>
3	<i>11/07/03</i>
4	<i>11/07/03</i>
5	<i>11/07/03</i>
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50	<i>11/07/03</i>

Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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